STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155171	A. BUILDING 00 B. WING	06/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MEADOWS	1285 W JEFFERSON ST FRANKLIN, IN 46131

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F0000	This visit was for the Investigation of Complaint IN00108355. Complaint IN00108355 substantiated, federal/state deficiencies related to the allegations are cited at F312 and F441. Survey dates: June 4 & 5, 2012 Facility number: 000087 Provider number: 155171 AIM number: 100289890 Survey team: Joyce Hofmann, RN, TL Barbara Hughes, RN Census bed type: SNF/NF: 97 Total: 97 Census payor type: Medicare: 6 Medicaid: 80 Other: 11 Total: 97 Sample: 5 These deficiencies also reflect state findings in accordance with 410 IAC 16.2.	F0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation on or **after 6/18/2012.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality review completed 6/8/12 Cathy Emswiller RN			

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F0312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure staff performed peri care properly, staff performed proper hand washing techniques, and staff handled soiled linens properly to prevent potential infections for 3 of 5 residents reviewed for activities of daily living in a sample of 5. [Resident #A, Resident #C, and Resident #D] Findings include: Interview with LPN #1 on 06/04/12 at 11:50 a.m. indicated incontinence checks for residents were done every 2 hours for check and change and residents on a toileting program were also toileted every 2 hours. LPN #1 indicated staff just do the best they can to get everybody taken care of during that time period. Interview with RN #1 on 06/04/12 at 2 p.m. indicated there were five residents with open areas currently. RN #1 indicated 4 of the resident's open areas developed in house. RN #1 indicated Resident #A had an open area on right	F0312	F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS It is the practice of this provider to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice RN #1, LPN #2, CNA #1, CNA #2, and CNA #3 have been re-educated on proper perineal care, proper hand washing techniques, and handling of soiled linen properly to prevent potential infections. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken Dependent residents that reside in this facility have the potential to be affected by the alleged deficient practice. Licensed nurses and	06/18/2012

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	buttock, stage II, and was incontinent and Resident #C had an open area on her coccyx, stage II. The other two resident had open areas caused by a brace and a super pubic catheter. One resident admitted over the week-end had a stage IV when admitted. 1). Resident #A was observed for incontinence care on 06/04/12 at 3:40 p.m. with the wound nurse, RN #1, performing the care. RN #1 was observed to fill the basin with water, let the resident test for warmth times 2, got her gloves, and turned on the light. RN #1 was observed to don gloves, washed the front peri-area times 2 with soap, rinsed the area times 1, and placed the soiled cloths on the over-the-bed table. RN #1 changed gloves, dried the front peri-area, placing the soiled towel on the resident's bedspread at the foot of the bed. RN #1 changed gloves and applied a cream on the resident's inner upper thigh areas bilaterally which were observed to be red and inflamed from the groin area and down both inner thighs almost to her knees. RN #1 changed her gloves, got a plastic bag and bagged the soiled linens, left the room without washing her hands, and returned with clean linens. RN #1 indicated during interview at this time, that the resident was incontinent of		certified nursing assistants have been re-educated by the DNS/Designee in proper perineal care, hand washing technique, and proper infection control techniques related to handling soiled linen by June 18, 2012. Licensed nurses and certified nursing assistants have completed a skills validation. The DNS/Designee in-serviced all nursing staff that included hand washing, perineal care, handling of soiled linen, and infection control. A post-test was administered to ensure understanding of in-service provided. Newly hired certified nursing assistants complete a peri-care and hand washing skills validation. The validations are then completed no less than annually thereafter. DNS/Designee to monitor. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur Licensed nurses and certified nursing assistants have been re-educated by the DNS/designee in proper perineal care, hand washing technique, and proper infection control techniques related to handling soiled linen by June 18, 2012. All licensed nurses and certified nursing assistants have	

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	urine and it had soaked through her pad and sheet onto the mattress. RN #1 took the basin of water and changed the water. CNA #1 came in to the room to assist RN #1 with the resident's incontinence and bed change. RN #1 and CNA #1 were observed to don gloves without first washing her hands. RN #1 washed the resident's left buttock, placed the soiled cloth on the over-the-bed table instead of a plastic bag, changed gloves, rinsed the left buttock, washed the mattress with the same cloth, placed the soiled cloth on the over-the-bed table, then dried the resident and mattress and placed the soiled towel on the bedspread at the foot of the bed. RN #1 changed gloves and made her side of the bed, then the staff rolled the resident to her right side and CNA #1 removed the soiled pad and sheet, placed them in a plastic bag, and made her side of the bed. CNA #1 changed gloves, washed the right buttock, rinsed, and dried the resident. Both staff changed gloves, RN #1 applied the cream again to the resident's front peri-area, and CNA #1 applied the cream to the back peri-area. CNA #1 changed gloves, RN #1 left one glove on and put the soiled towel and cloths in the bag with the other soiled linens. CNA #1 left the room with the bag of soiled linens, and failed to wash her hands prior to leaving the resident's		completed a skills validation. The DNS/Designee in-serviced all nursing staff that included hand washing, perineal care, handling of soiled linen, and infection control. A post-test was administered to ensure understanding of in-service provided. Licensed nurses will utilize the nurse rounds checklist to monitor nursing staff on all shifts 7 days a week x 2 weeks to ensure appropriate ADL care is provided. DNS/Designee will monitor for compliance. Newly hired certified nursing assistants complete a peri-care and hand washing skills validation. The validations are then completed no less than annually thereafter. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed Nurse managers will complete the nurse rounds check off tool 3 times a week for 4 weeks and then weekly thereafter until compliance has been met for two consecutive quarters. The CQI	

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	room. RN #1 emptied, rinsed, and dried the basin, and washed her hands prior to leaving the resident's room. There was no hand washing done between the washing of the front perineal area and the back buttocks. During the incontinence care, the resident was observed to have a red inflamed rash on her groin area and down both inner thigh areas almost to her knees. RN #1 indicated during interview at this time, the resident had diarrhea over the week-end which caused it to be red. RN #1 indicated an area on the right buttock that appeared to have a slightly raised area about an inch in length and less than 1/2 inch in width. The area was observed to be closed at this time. Review of the resident's clinical record on 06/04/12 at 2:45 p.m. lacked documentation of the resident having diarrhea over the week-end. Review of weekly skin documentation dated 04/01/12 through 05/14/12 indicated no open areas on Resident #A. The weekly skin documentation dated 05/28/12 indicated open areas on the buttocks. The clinical record indicated the open was found on 05/11/12 and measured 2.0 x 0.5 x < 0.1 cm. [centimeters]. The area was red and the		committee will review the tools monthly. If at any time the threshold falls below 95%, an action plan will be initiated.	

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	treatment was duoderm. Resident #A's clinical record indicated the resident was in and out of the hospital on 05/13/12 for an urinary track infection [UTI] and was started on Macrobid 100 mg. [milligrams] by mouth every 12 hours times 14 days. The resident's care plan dated 05/15/12 indicated a problem of "Resident has impaired skin integrity: stage 2 Location: rt [right] buttock." Approaches to the problem included, but were not limited to, low air loss mattress, incontinent care as needed, and treatment as ordered. The resident's care plan dated 12/08/11 indicated a problem of "Resident is at risk for uti, chronic uti, UTERINE TRACT CALCIFICATION." Approaches included, but were not limited to, assist with incontinent care as needed, check for incontinence every 2 hours, cranberry juice per order. The resident's care plan dated 12/08/11 for problem of "Potential for skin breakdown related to: impaired mobility, incontinence, needs assist with transfers and bed mobility, occasionally slides down in bed, edema to bilateral lower extremities, venous insufficiency, hx stasis ulcers." Approaches included, but			

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	were not limited to, check and change every two hours. Pericare after incontinent episode and apply skin barrier, assist resident with toileting and peri care after each incontinent episode, and use transfer/incontinent pad and 2 staff to pull up in bed. 2). Resident #D was observed for incontinence care on 06/05/12 at 10:55 a.m. with CNA #2 and CNA #3 performing the care. CNA #2 washed her hands prior to performing care, but CNA #3 was observed to not wash her hands prior to care. Both aides donned gloves. CNA #2 washed the front peri-area with a wet cloth. The aides failed to rinse and dry the resident's front peri-area. The aides turned the resident to her left side, and CNA #2 washed feces from the buttock's area. The buttocks area and sacral area was noted to have a duoderm patch which was rolling up on the bottom edges. The other clean cloths had dropped to the floor along with a clean gown. The resident's back side was not thoroughly cleaned, rinsed, or dried. With the same soiled gloves, CNA #2 placed a clean gown which CNA #3 had gotten out of the resident's closet, around the top of the resident. CNA #2 removed her gloves and finished applying the gown on Resident #D. CNA #3 removed her gloves, and both aides washed their hands			

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	prior to the leaving the resident's room. CNA #2 failed to wash her hands and change gloves between washing the front perineal area and the washing the back buttocks which had feces on it. CNA #2 failed to wash her hands after providing incontinence care of both urine and feces and before applying a clean gown on the resident. CNA #3 failed to remove her gloves and wash her hands prior to getting a clean gown out the resident's closet. Review of Resident #D's clinical record on 06/05/12 at 11:`15 a.m. indicated the resident had diagnoses which included, but were not limited to, cerebral palsy, profound intellectual disability, severe intellectual disability, dysphagia, aphasia, contractures, and megacolon. Review of the resident's skin evaluation reports dated 05/14/12 indicated the resident had a new area, stage II, which measured 1.0 x 1.0 x < 0.1 cm. on the top of left buttock. Another skin evaluation report dated 05/15/12 indicated a new area, stage II, which measured 0.6 x 0.5 x < 0.1 cm. on the left bottom buttock. The left top buttock closed by 05/25/12 and the left bottom buttock closed on 05/30/12. Interview with the Director of Nursing [DON] on 06/05/12 at 2:15 p.m. indicated			

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	both area on Resident #D's left buttock were healed. The DON was asked what the duoderm on the sacral area was for which was seen on observation during incontinence care. The DON responded she did not know, but would find out, but did not return with an answer. 3). LPN #2 was observed giving pericare on Resident #C on 06/05/12 at 10:10 a.m.. The resident was observed lying on a pad with a wet sheet on her bed. LPN #2 confirmed that the sheet was wet with urine and not from the water she was using to clean her. LPN #2 used Derma Vera poured into a wet cloth - she washed the labia with legs parted only about 1 and 1/2 feet. She did not clean the gluteal folds or above the pubic area or legs. She changed gloves and then turned the resident to her right side and pointed out the area of the pressure ulcer. (The pressure ulcer appeared to be minimal at about 4 mm wide with no redness noted. LPN #2 stated, "It was much better than it was.") LPN #2 cleaned the fold of the buttocks but did not clean the entire buttock area that was lying in the urine. LPN #2 bunched the sheet and pad for changing the linens, however she did not turn the resident to the other side for cleaning of the buttock. LPN #2 did turn the resident to her for changing the linens, but as the linens were changed, the LPN			

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	failed to clean the mattress of any urine residue. While changing the sheets a piece of cloth was removed from the bottom of the bed that the LPN identified as a t-shirt. Resident #C's clinical record was reviewed on 06/04/12 at 2:30 p.m. and indicated the resident was a stroke patient and is unable to do anything for herself because she cannot use her hands. During observation of Resident #C on 06/05/12 at 10 a.m., Resident #C showed how her hands were contracted and commented about the lack of their use. Resident #C indicated during interview at this time, that the sore on her buttocks hurt like lighting a match to it. Review of the facility's most recent Perineal Care policy dated 03/2012, which was the CNA Skills Validation sheet, indicated the following: "Procedure Steps: 1. Verify resident and explain procedure. 2. Provide for privacy. 3. Wash hands. 4. Put on gloves. 5. Assist resident to supine position. 6. Drape resident as needed. 7. Fill wash basin with warm water and have resident check temperature. 8. Assist resident to spread legs and lift knees if possible. 9. Wet and soap folded wash cloth. 10. NOTE: If resident has catheter, check for leakage, secretions or			

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	irritation. Gently wipe catheter from meatus downward for approximately four inches. Do not rewipe catheter. Discard used wash cloth. 11. Obtain clean wash cloth. Wet, soap and fold wash cloth. Females: 12. Separate labia and wash urethral area first. 13. Wash between and outside labia in downward strokes. 14. Alternate from side to side - wipe from front to back and from center of perineum outward. 15. Use a clean area of the wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. Males: ... 20. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 21. Gently pat area dry in same direction as when washing. 22. Assist resident to turn onto side away. 23. Wet and soap wash cloth. 24. Clean anal area from front to back, using a clean area of wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. 25. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 26. Gently pat area dry in same direction was when washing. 27. Assist resident to run onto back and undrape resident. 28. Remove gloves. 29. Wash hands...."			

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	Review of the facility's policy on Laundry/Linen with reviewed date of 02/2012, indicated, "POLICY: The laundry staff shall handle, store, process, and transport linen appropriately to prevent the spread of infection, in resident-care areas and in the laundry facility. PURPOSE: To ensure the proper care of linen and laundry to prevent the spread of infection. ... Place soiled linen in plastic bag...." Review of the facility's policy for Hand Hygiene, which was also a CNA Skills Validation check list, dated 03/2012, indicated, "... 5 Moment of required hand hygiene: * Before patient * Before an aseptic task * After body fluid exposure risk * After patient contact * After contact with patient surroundings." Interview with the Administrator on 06/05/12 at 2:50 p.m. indicated the facility does not have any other policies for peri-care than what was already provided and she realized what was provided was a tool for a training check-off which did not contain the detailed information about pericare, and that they need to work on that. This Federal tag relates to Complaint IN00108355.			

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	3.1-38(a)(3)			

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F0441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure	F0441	F441 INFECTION CONTROL,	06/18/2012

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN MEADOWS	1285 W JEFFERSON ST FRANKLIN, IN 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	staff washed their hands after each direct resident contact for which hand washing is indicated by accepted professional practice for 4 of 7 staff observed for handwashing. The facility failed to ensure staff handled soiled linens as to prevent the spread of infection for 3 of 7 staff observed for linen handling. [RN #1, CNA # 1, CNA #2, and CNA #3] Findings include: 1). Resident #A was observed for incontinence care on 06/04/12 at 3:40 p.m. with the wound nurse, RN #1, performing the care. RN #1 was observed to fill the basin with water, let the resident test for warmth times 2, got her gloves, and turned on the light. RN #1 was observed to don gloves, washed the front peri-area times 2 with soap, rinsed the area times 1, and placed the soiled cloths on the over-the-bed table. RN #1 changed gloves, dried the front peri-area, placing the soiled towel on the resident's bedspread at the foot of the bed. RN #1 changed gloves and applied a cream on the resident's inner upper thigh areas bilaterally. RN #1 changed her gloves, got a plastic bag and bagged the soiled linens, left the room and returned with clean linens. RN #1 indicated the resident was incontinent of urine and it had soaked through her pad and sheet onto the		PREVENT SPREAD, LINENS It is the practice of this provider to ensure the facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** RN #1, CNA #1, CNA #2, and CNA #3 have been re-educated on the practice of washing their hands after each direct resident contact along with the policy and procedure of handling soiled linens to prevent the spread of infection. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken** Residents that reside in this facility have the potential to be affected by the alleged deficient practice. Licensed nurses and certified nursing assistants have completed a skills validation. The DNS/Designee	

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	mattress. RN #1 took the basin of water and changed the water. CNA #1 came in to assist RN #1 with the resident's incontinence and bed change. RN #1 and CNA #1 were observed to don gloves. RN #1 washed the resident's left buttock, placed the soiled cloth on the over-the-bed table, changed gloves, rinsed the left buttock, washed the mattress with the same cloth, placed the soiled cloth on the over-the-bed table, then dried the resident and mattress and placed the soiled towel on the bedspread at the foot of the bed. RN #1 changed gloves and made her side of the bed, then the staff rolled the resident to her right side and CNA #1 removed the soiled pad and sheet, placed them in a plastic bag, and made her side of the bed. CNA #1 changed gloves, washed the right buttock, rinsed, and dried the resident. Both staff changed gloves, RN #1 applied the cream again to the resident's front peri-area, and CNA #1 applied the cream to the back peri-area. CNA #1 changed gloves, RN #1 left one glove on and put the soiled towel in the bag with the other soiled linens. CNA #1 left the room with the bag of soiled linens, and failed to wash her hands prior to leaving the resident's room. RN #1 emptied, rinsed, and dried the basin, and washed her hands prior to leaving the resident's room.		in-serviced all nursing staff that included hand washing, perineal care, handling of soiled linen, and infection control. A post-test was administered to ensure understanding of in-service provided. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur** Licensed nurses and certified nursing assistants have completed a skills validation. The DNS/Designee in-serviced all nursing staff that included handwashing, perineal care, handling of soiled linen, and infection control. A post-test was administered to ensure understanding of in-service provided. Licensed nurses will utilize the nurse rounds checklist to monitor nursing staff on all shifts 7 days a week x 2 weeks to ensure appropriate infection control practices are being performed. DNS/Designee will monitor for compliance. Newly hired certified nursing assistants complete a peri-care and hand washing skills validation along with proper infection control practices. The validations and infection control procedures are then completed no less than annually thereafter.	

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	During the incontinence care, the resident was observed to have a red inflamed rash on her groin area and down both thigh areas almost to her knees. RN #1 indicated during interview at this time, the resident had diarrhea over the week-end which caused it to be red. 2). Resident #D was observed for incontinence care on 06/05/12 at 10:55 a.m. with CNA #2 and CNA #3 performing the care. CNA #2 washed her hands prior to performing care, but CNA #3 was observed to not wash her hands prior to care. Both aides donned gloves. CNA #2 washed the front peri-area with a wet cloth. The aides failed to rinse and dry the resident's front peri-area. The aides turned the resident to her left side, and CNA #2 washed feces from the buttock's area. The other clean cloths had dropped to the floor along with a clean gown. The resident's back side was not thoroughly cleaned, rinsed, or dried. With the same soiled gloves, CNA #2 placed a clean gown which CNA #3 had gotten out of the resident's closet with soiled gloves and placed it around the top of the resident. CNA #2 removed her gloves and finished applying the gown on Resident #D. CNA #3 removed her gloves, and both aides washed their hands prior to the leaving the resident's room.		**How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed** An Infection Control CQI monitoring tool will be completed once weekly x 4, bi-weekly x 2, and then monthly thereafter until continued compliance is maintained for 2 consecutive quarters. The CQI committee will review the CQIs monthly. If at any time the threshold falls below 95% an action plan will be initiated.	

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	Review of the facility's most recent Perineal Care policy dated 03/2012, which was the CNA Skills Validation sheet, indicated the following: "Procedure Steps: 1. Verify resident and explain procedure. 2. Provide for privacy. 3. Wash hands. 4. Put on gloves. 5. Assist resident to supine position. 6. Drape resident as needed. 7. Fill wash basin with warm water and have resident check temperature. 8. Assist resident to spread legs and lift knees if possible. 9. Wet and soap folded wash cloth. 10. NOTE: If resident has catheter, check for leakage, secretions or irritation. Gently wipe catheter from meatus downward for approximately four inches. Do not rewipe catheter. Discard used wash cloth. 11. Obtain clean wash cloth. Wet, soap and fold wash cloth. Females: 12. Separate labia and wash urethral area first. 13. Wash between and outside labia in downward strokes. 14. Alternate from side to side - wipe from front to back and from center of perineum outward. 15. Use a clean area of the wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. Males: ... 20. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 21. Gently pat area dry in			

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	same direction as when washing. 22. Assist resident to turn onto side away. 23. Wet and soap wash cloth. 24. Clean anal area from front to back, using a clean area of wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. 25. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 26. Gently pat area dry in same direction was when washing. 27. Assist resident to run onto back and undrape resident. 28. Remove gloves. 29. Wash hands...." Review of the facility's policy on Laundry/Linen with reviewed date of 02/2012, indicated, "POLICY: The laundry staff shall handle, store, process, and transport linen appropriately to prevent the spread of infection, in resident-care areas and in the laundry facility. PURPOSE: To ensure the proper care of linen and laundry to prevent the spread of infection. ... Place soiled linen in plastic bag...." Review of the facility's policy for Hand Hygiene, which was also a CNA Skills Validation check list, dated 03/2012, indicated, "... 5 Moment of required hand hygiene: * Before patient * Before an aseptic task * After body fluid exposure			

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	risk * After patient contact * After contact with patient surroundings." Interview with the Administrator on 06/05/12 at 2:50 p.m. indicated the facility does not have any other policies for peri-care than what was already provided and she realized what was provided was a tool for a training check-off which did not contain the detailed information about pericare, and that they need to work on that. This Federal tag relates to Complaint IN00108355. 3.1-18(l) 3.1-19(g)(1)			